

~~Original or Special~~  
MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH F-10-875)

107069593

APPLICANT(S)

CLAIMS

X	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	✓					
4	✓					
5	✓					
6	1					
7	1					
8	1					
9	3					
10	50					
11	50					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
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TOTAL IND.			4			
TOTAL DEP.		16				
TOTAL CLAIMS		20				

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					